



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

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REQUEST FOR APPLICATION (RFA) NOTICE

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF HEALTH CARE QUALITY AND OVERSIGHT
CERTIFICATE OF NEED AND ACUTE CARE LICENSURE PROGRAM
(CN/ACL)

STROKE CENTER DESIGNATION GRANT

Purpose and Background

On September 1, 2004, P.L. 2004, c.136, codified at N.J.S.A. 26:2H-12.27 through 26:2H-12.32, was enacted into law. The new law, referred to as the "Stroke Center Act", requires the Department of Health and Senior Services (Department) to designate licensed general hospitals that meet certain standards, as either Primary or Comprehensive Stroke Centers.

Despite significant advances in diagnosis, treatment and prevention, stroke remains common; an estimated 700,000 to 750,000 new and recurrent strokes occur each year in the United States; with the aging of the population, the number of persons who have strokes is projected to increase. Although new treatments are available to improve the clinical outcomes of stroke, many acute care hospitals lack the necessary staff and equipment to optimally triage and treat stroke patients, including the provision of optimal, safe and effective emergency care for these patients.

As such, there is a need for in New Jersey to establish hospital stroke centers to ensure the rapid triage, diagnostic evaluation and treatment of patients suffering a stroke. Creation of designated stroke centers is intended to increase survival and decrease the disabilities associated with stroke.

Therefore, it is in the best interests of the residents of this State to establish a program to designate stroke centers throughout the State, to provide specific patient care and support services criteria that stroke centers must meet in order to ensure that stroke patients receive safe and effective care, and to provide financial support in all areas of the State to acute care hospitals to encourage them to develop stroke center capacities.

Two levels of stroke centers should be established for the treatment of acute stroke. Primary stroke centers should be established in as many acute care hospitals as

possible. These centers would evaluate, stabilize and provide emergency care to patients with acute stroke and then, depending on the patient's needs and the center's capabilities either admit the patient and provide inpatient care or transfer the patient to a comprehensive stroke center. Comprehensive stroke centers should be established to ensure coverage for patients throughout the State who experience the most complex strokes, which require specialized testing, highly technical procedures and other interventions. Also these centers would provide education and guidance to affiliated primary stroke centers.

Goals and Objectives

The following are the goals and objectives of this grant.

1. Facilitate the development of Primary and Comprehensive Stroke Centers among the licensed general hospitals located in the State of New Jersey.
2. Enhance research on stroke-related topics.
3. Effectuate a commitment to ongoing education of the general public about stroke, including prevention, recognition, diagnosis and treatment.
4. Increase the survival rate of stroke victims.
5. Decrease the disabilities associated with a stroke.
6. Develop timely, safe, and effective emergency care for stroke victims.
7. Reduce the costs associated with the treatment of stroke.

Target Population

The target population that may be served through this grant program are the residents of New Jersey, particularly older residents at higher risk of stroke. Also benefiting from this grant program are the families of stroke victims, present and future, in addition to those who conduct research into stroke treatment. Treatment for a stroke may cost \$100,000.00. It is envisioned that research into the prevention and treatment of stroke may ultimately reduce risk, emphasize the warning signs, and promote timely and effective treatment.

Eligible Applicants

Any licensed general hospital in the State of New Jersey.

Additional Applicant Requirements

Applicants shall describe for each of the statutory criteria pertaining to primary or comprehensive, as appropriate, stroke center designation:

- 1) whether, and how, they currently satisfy the criteria;
- 2) if they do not satisfy the criteria, how the grant funding will be used to enable them to satisfy the criteria; and
 - a) what is the timetable for satisfying the criteria.

The statutory criteria are as follows:

Primary Stroke Centers

- a. With respect to patient care the hospital shall:
 - (1) maintain acute stroke team availability to see an emergency department patient within 15 minutes of arrival at the emergency department, 24 hours a day, seven days a week;
 - (2) maintain written care protocols and standing orders for emergency care of stroke patients;
 - (3) maintain neurology and emergency department personnel trained in the diagnosis and treatment of acute stroke;
 - (4) maintain telemetry or critical care beds staffed by physicians and nurses who are trained and experienced in caring for acute stroke patients;
 - (5) provide for neurosurgical services, including operating room availability either at the hospital or under agreement with a comprehensive stroke center, within two hours, 24 hours a day, seven days a week;
 - (6) provide acute care rehabilitation services; and
 - (7) enter into and maintain a written transfer agreement with a comprehensive center so that patients with complex strokes can be transported to the comprehensive center for care when clinically warranted.

- b. With respect to support services, the hospital shall:
 - (1) demonstrate an institutional commitment and support of a stroke center, including having a designated physician stroke center director with special training and experience in caring for patients with stroke;
 - (2) maintain neuro-imaging services capability, which shall include computerized tomography scanning or magnetic resonance imaging and interpretation of the image, that is available 24 hours a day, seven days a week, within 25 minutes of order entry;
 - (3) maintain laboratory services capability, which shall include blood testing, electrocardiography and X-ray services that are available 24 hours a day, seven days a week, within 45 minutes of order entry;
 - (4) develop and maintain outcomes and quality improvement activities, which include a database or registry to track patient outcomes. These data shall include, at a minimum:
 - (a) the number of patients evaluated; (b) the number of patients receiving acute interventional therapy; (c) the amount of time from patient presentation to delivery of acute interventional therapy; (d) patient length of stay; (e) patient functional outcome; and (f) patient morbidity. A primary stroke center may share these data with its affiliated comprehensive stroke center for the purposes of quality improvement and research;

- (5) provide annual continuing education on stroke to support and emergency services personnel regarding stroke diagnosis and treatment, which will be the responsibility of the stroke center director;
- (6) require the stroke center director to obtain a minimum of eight hours of continuing education on stroke each year; and
- (7) demonstrate a continuing commitment to ongoing education to the general public about stroke, which includes conducting at least two programs annually for the general public on the prevention, recognition, diagnosis and treatment of stroke.

Comprehensive Stroke Centers

A hospital designated as a comprehensive stroke center shall use proven state-of-the-art technology and medical techniques and, at a minimum, meet the criteria set forth below:

- a. The hospital shall meet all of the criteria required for a primary stroke center pursuant to the above criteria.
- b. With respect to patient care, the hospital shall:
 - (1) maintain a neurosurgical team that is capable of assessing and treating complex stroke and stroke-like syndromes;
 - (2) maintain on staff a neuro-radiologist with Certificate of Added Qualifications and a physician with neuro-interventional angiographic training and skills;
 - (3) provide comprehensive rehabilitation services either on site or by transfer agreement with another health care facility; and
 - (4) enter into and maintain written transfer agreements with primary stroke centers to accept transfer of patients with complex strokes when clinically warranted.
- c. With respect to support services, the hospital shall:
 - (1) have magnetic resonance imaging and computed tomography angiography capabilities;
 - (2) have digital subtraction angiography and a suite equipped for neuro-interventional procedures;
 - (3) develop and maintain sophisticated outcomes assessment and performance improvement capability that incorporates data from affiliated primary stroke centers and integrates regional, State and national data;
 - (4) provide guidance and continuing medical education to primary stroke centers;
 - (5) provide graduate medical education in stroke; and
 - (6) conduct research on stroke-related topics.

Funding Information

The availability of funds for this program is contingent upon State appropriations to the Department. Three million dollars (\$3,000,000.00) has been appropriated, of which twenty percent (20%) will be reserved for applicants who will be seeking designation as comprehensive stroke centers. The remaining funds will be allocated to applicants who will be seeking designation as primary stroke centers. Matching grants will not exceed \$250,000.00 or 50% of the hospital's cost for developing the necessary infrastructure to satisfy stroke designation criteria, whichever is less. The award will begin on or about December 1, 2005.

In accordance with the law, awards shall be made to at least two applicants in Northern New Jersey (Bergen, Hudson, Essex, Passaic, Morris, Sussex and Warren counties), two applicants in central New Jersey (Union, Somerset, Hunterdon, Mercer, Middlesex, and Monmouth counties), and two applicants in southern New Jersey (Burlington, Camden, Gloucester, Salem, Cumberland, Cape May, Atlantic, and Ocean counties).

Application Process

Applicants must submit, no later than **Monday, August 1, 2005, at 5:00 p.m., EST**, a Grant application (with three copies), obtained via the Department of Health and Senior Services WEB site (<http://nj.gov/health/>), to the Division of Health Care Quality and Oversight, Office of Administration, Department of Health and Senior Services, PO Box 360, Trenton, NJ 08625-0360. All applicants will receive a receipt for each received package. No extensions will be granted and no late applications will be accepted.

Application Review Process

The following factors will be used to evaluate the application for grant awards:

1. Applications received by the deadline will be reviewed by the staff of the CN/ACL Program for completeness and compliance with all minimum requirements of the grant.
2. Information regarding the annual volume of stroke cases treated at the hospital in the previous three calendar years, including patient demographics.
3. Information on stroke incidence and patient demographics in the applicant's county.
4. The anticipated cost for the applicant to satisfy the criteria for a primary or comprehensive stroke center, as applicable.
5. The anticipated timeframe the hospital will require in order to develop a primary or comprehensive stroke center.
6. Proposed strategies to improve education, detection and treatment of stroke in the applicant's service area.

7. Preference will be given to applicants who can:
 - 1) demonstrate that receipt of the requested grant, along with available and committed hospital funds, will enable them to satisfy the criteria for designation as primary or comprehensive stroke center, as applicable, within one (1) year of the grant award;
 - 2) contract with carriers that provide coverage through the State of Medicaid program, the Children's Health Care Coverage Program and the FamilyCare Health Coverage Program.

Grant Award Process

1. The NJDHSS will notify grant recipients by November 1, 2005 of the amount of award they are to receive.
2. Applications which meet the requirements for funding, but for which grant funds are not available, will be deemed "approved but not funded". These applicants may be eligible for grants in future period, should funds become available.

**GRANT EVALUATION CRITERIA
STROKE CENTER DESIGNATION GRANT**

1. Demographic information regarding treatment of stroke in the county where the hospital is located (e.g., stroke rates/100,000 population; stroke patient admission rates) (5 points)
2. The anticipated cost the hospital will incur to develop its stroke center (5 points)
3. The anticipated timeframe the hospital will require to develop its stroke center (10 points)
4. The hospital's annual total of stroke patient admissions for the most recent three calendar years (10 points).
5. Proposed strategies to improve education, detection and timely treatment of stroke in the hospital's service area (10 points).
6. Preference Factors:
 - A. satisfactory compliance with stroke center designation within one year (10 points).
 - B. contract with carriers who provide coverage through the State Medicaid program, the Children's Health Care Coverage Program and the FamilyCare Health Coverage Program (10 points).